

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXIV.

JULY 31, 1861.

No. 26.

INJECTIONS AND IRRIGATION OF THE BLADDER.

BY D. D. SLADE, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

ALTHOUGH the benefits to be derived from injections and irrigation of the bladder, in various morbid conditions of this organ, are by no means unknown to the profession, I feel confident that with us, at least, this therapeutic measure is not so generally employed as the beneficial results attained would seem to warrant. I propose to offer a few observations upon the history, object, and manner of using injections and irrigation in diseases of the vesical cavity.

I do not find that any special mention is made of injections or irrigation of the bladder previous to the early part of the last century, and then chiefly in reference to the solution of stone in this organ. At this period Dr. Hales, of England, showed the possibility of passing a stream through the cavity by means of a double-current catheter. His experiments were made principally upon the lower animals. About the same time, a French surgeon, Dessault, recommended the use of the Barèges water, not only by the mouth but as injections into the bladder, for the purpose of dissolving stone. Gruithuisen, a German practitioner of much eminence, thought that the *strength* of the current directed against the stone, might be of no inconsiderable importance, and so proposed to carry a stream through his double catheter by a tube, communicating with a reservoir on the top of a two-story house. Dr. Butler, of Edinburgh, in 1752, made some experiments with lime-water, which plan was also recommended by Fourcroy, Berzelius and others. Amussat, Magendie, Leroy, Brodie and other practitioners, have done much, by their influence, to attract attention to this method of treatment of stone, and thus indirectly to introduce the use of vesical injections for other purposes.

Irrigation of the bladder, as a mode of treatment directed against the immediate diseases of the organ, was, however, more

VOL. LXIV.—No. 26

particularly employed by Mr. Foot, of London, and this gentleman in fact may be said to have originated the practice. But it is to Civiale, that we are indebted, at the present day, for the safe rules and conduct which should govern us in the employment of means, which are far from harmless, when exercised by a careless or inexperienced hand. M. Civiale, in 1826, in writing upon lithotrity, advocates the employment of irrigation and injections of the bladder, particularly in the vesical catarrh of old people, a practice which has now, chiefly through his instrumentality, become fully established. In 1823, Cloquet highly recommended irrigation, and exhibited, before the Academy of Medicine, a patient in whom he had cured vesical catarrh by this means, making use of a double catheter. Since that period, this method of treatment of diseases of the bladder has been more and more resorted to, especially by English surgeons.

Irrigation of the bladder is more particularly to be employed in the treatment of catarrh, and combined with other means is a valuable auxiliary. It is particularly so, when there is a great abundance of thick, tenacious mucus present, and where there is an atonic condition of the muscular walls—preventing a complete evacuation of the urine.

It may also be directed against any existing local inflammation of a chronic nature, or when we desire to cleanse the organ from any deposits upon its mucous membrane.

The operation is to be performed with tepid water injected by means of a pint syringe, through a double catheter, with large eyelets to prevent any obstruction. By making use of a double catheter, a continuous stream may be thrown in, the fluid, mixed with the mucus and other matters, passing off by one tube as fast as it enters by the other. As to the temperature of the water used, there is some difference of opinion. Cloquet, Guthrie, Gross, Brodie and others, speak of tepid water as most beneficial, while Civiale and his school advise cold, as being better adapted to rousing the contractility of the organ. As a general rule, I should advise the use of tepid water in catarrh of the bladder, inasmuch as this most effectually cleanses the parietes of the organ of the mucus, which is often excessively ropy and tenacious; moreover it is more agreeable to the feelings of the patient. Cold water may be employed, as Civiale recommends, when the bladder has lost its powers of contracting to its normal degree, and where the mucus is not abundant. Various substances may be added to the water used in irrigation, but of these I shall speak more especially when treating of injections.

In the operation of injecting or irrigating the bladder, it will be found to contribute greatly to the comfort of the patient, if, instead of fixing the nozzle of the syringe directly upon the catheter itself, we connect the two instruments by means of an elastic tube either of caoutchouc or of gutta percha. In this way no

shock can be conveyed from the hand directing the syringe to the bladder, often so excessively sensitive. A tube of similar materials and of any desired length, may be also attached to the other tube of the catheter, so that the fluid may be easily conveyed to a vessel placed for its reception, without danger of wetting the patient. The vulcanized India-rubber bottle, similar to those of the ordinary enema apparatus, may often be advantageously substituted for the common syringe, because it can be worked with one hand only, leaving the other free to adjust the catheter, &c. Irrigation is not to be practised more than once or possibly twice in twenty-four hours, and not at all if there are symptoms of acute inflammation present.

Injections into the bladder are applicable in the same cases where irrigation is employed. There are certain cases of vesical irritability accompanied by a greater or less abundance of the muco-purulent deposit of which I have spoken, in which there is no evidence of inflammatory action—and which, in fact, has not existed, all the morbid symptoms present being due to an atonic or relaxed condition of the mucous membrane. No antiphlogistic treatment can be applicable in cases of this description, but injections, particularly of a stimulating nature, are highly useful.

In many cases where injections are applicable, we shall find that the introduction of the catheter gives great pain on account of the highly sensitive condition of the urethra. This condition must be overcome, and the urethra prepared by the gradual introduction of instruments. For this purpose we must make use of the wax bougie, introducing only so much of the instrument at a time as can be borne easily. This treatment is to be continued until the morbid sensitiveness is overcome—a length of time which varies according to circumstances. The injections should at first, at least, be tepid, and should be thrown very slowly into the bladder, the urine having previously been drawn off, and should be retained only so long as the organ can tolerate it—generally from one to five or ten minutes. The quantity at first should also be very small, and if any medicinal agent is added to the water, the solution thus formed should be very weak.

Instead of a single injection, two may be thrown in—one immediately after the other, and about a quarter part of the second injection should be allowed to remain in the bladder.

The injections should not be renewed oftener than two or three times a week, especially at the commencement, and not even as frequently if there be any contra-indications. Combined with these, we must advise other appropriate treatment—rest, demulcent drinks, baths, anodyne enemata, &c.

M. Civiale recommends very highly the use of cold injections also to arouse the dormant contractility of the bladder. They may be had recourse to when the use of the catheter has ceased to excite any irritation about the neck of the bladder. Tepid

water is employed for the first injection, to the amount of three or four wineglassfuls only. The temperature of the water is gradually lowered to about 60°, and as soon as the patient is able to bear the contact of the cold water without pain, two or three injections in immediate succession are thrown into the bladder. These have frequently the effect of exciting the bladder to contract, and this once attained, the case progresses favorably.

Compound injections of various kinds, astringent, anodyne and alterative, may be employed. For this purpose, alum, lead, nitrate of silver, creosote, opium, laudanum, iodine, nitric acid, extracts, tinctures and decoctions of various substances, have been thrown into the bladder with more or less benefit. Without advocating the use of one of these articles above another, I would merely remark that in most cases injections of pure water are most suitable.

THE CYSTICERCI OF TÆNIA IN MAN.

(Continued from page 405.)

In the lateral half of a brain preserved in alcohol, at the Anatomical Museum of Strasbourg (No. 2,305), marked as having vesicular worms on its surface, mentioned by Lobstein,* the history of which is unknown, I found more than sixty cysticerci (*C. turbinatus*, K.) sometimes lodged in the pia mater, in the interstices of the convolutions, at times in the thickness of the convolutions themselves. Numerous others were found in the ventricles, in the cerebral substance, and in the choroid plexus. A larger number of them were lodged in the body or on the surface of the cerebellum. Those dispersed in the cerebral substance revealed themselves externally by simple or semi-transparent projections. It is unfortunate that I was not able to obtain any history of the brain, and consequently of the symptoms during life, as well as the cadaveric lesions. The parasites could not have provoked a deep irritation of the brain, as there were no milky patches or other traces of inflammation. Their development seems to have been very gradual, as a large number of them were encrusted with calcareous salts. The cysticerci were contained each in a fibrous layer, thin, transparent, smooth on the interior, united by fibrous prolongations to the neighboring or contiguous parts. This fibrous shell reproduced exactly the form of the parasite. Those developed in the interior of the cerebral tissue have in general a rounded form. Those placed between the convolutions are slightly flattened, and when confined in their growth by a vessel passing across them, have taken a bilobed, trilobed, more or less irregular form, according to the obstacle encountered. These deformities only affect the caudal vesicle, not the curved-up portion of the

* Lobstein, *Traité d'Anatomie Pathologique*, t. 1., p. 530.

parasite. Their size varies, and the development of the caudal vesicle is proportionate to that of the cephalic extremity. The transverse diameter of the vesicles varies from $0^{\text{mm}},004$ to $0^{\text{mm}},007$. Some have $0^{\text{mm}},013$. They are whitish, transparent, and distended by clear liquid with certain opaque clots suspended in it, formed by amorphous yellowish granulations. At a point of their surface was observed a small hilum or umbilicus (orifice of invagination), its form and its obliquity rendering it difficult to be perceived, having a diameter of $0^{\text{mm}},2$ to $0^{\text{mm}},6$, and continuous with an oblique canal plunging into the middle of a small opaque mass of a greyish yellow. This, in the form of a hard, ovoid nucleus, flattened laterally like a bean, of $2^{\text{mm}},3$ to five millimetres in its large diameter, was prominent in the interior of the vesicle. This nucleus is formed by the cephalic extremity of the parasite, invaginated and curled up on itself, describing a spiral like that of the shell of the snail. At its upper extremity it presents a semi-lunar opening, the orifice of the spiral (recoquillement) difficult to see, but easily proved by incising the parasite in the flattened plane of the nucleus. The head and the commencement of the neck are not turned back, but are free and hidden at the extremity of the invaginated portion. The invaginated portion of the body exhibits transverse folds, varying in number from fifty to two hundred or three hundred; its inner surface is covered with numerous oval-shaped corpuscles. The spiral cavity, which extends from the umbilicus externally to the interior of the vesicle, is in the greater number of individuals obstructed more or less by a solid cretaceous deposit formed by the carbonate and slightly by the phosphate of lime. In some individuals the calcareous matter completely imprisons the head, rendering its exit impossible. The parasites stretched out have a length of $0^{\text{m}},025$ to $0^{\text{m}},03$. The head is round, $0^{\text{mm}},6$ broad, furnished with four oval suckers from $0^{\text{mm}},28$ to $0^{\text{mm}},32$ in length, the rostellum semi-spherical; it is furnished, in all the specimens examined, with thirty-two tenacula arranged in two rows—the large from $0^{\text{mm}},18$ to $0^{\text{mm}},20$ long; their apophysis situated at an equal distance from each extremity of them, and nearer the extremity of the base, in the small tenacula. The small measure $0^{\text{mm}},10$ to $0^{\text{mm}},14$ in whole extent, the claw $0^{\text{mm}},6$ to $0^{\text{mm}},8$. The tenacula are slender, having a close resemblance to those of the *tænia laticollis* or *tænia serrata*.*

* The observations of Werner, Fréduct, of Gunsburg, &c., should be classed with the preceding case, notwithstanding the apparent difference.

Gunsburg does not mention the orifice in the form of an umbilicus at the surface of the caudal vesicle. Fréduct, whose description seemed to Gunsburg conformable to his own observations, affirms that no trace even of this orifice had been found by him, and believed that the head was free, and naturally placed in the interior of the vesicle. Gunsburg, from his plates, appears to have formed the same opinion. As the observation of these cysticerci is a very delicate affair, one is easily led into error. The orifice of invagination is very oblique and cannot be well perceived, except in the direction of its obliquity, under a small fold of cretaceous form, whose free border is masked in some sort by the parallel folds of the invaginated extremity. It is only by a very attentive dissection that you can prove the head and a portion of the neck are free at the bottom of the invaginated portion of the body, and then turned on itself spirally in the caudal

Bouchut* has observed two cases of cysticerci, whose description is not sufficiently explicit to allow us to classify them. In a child six years old, dying from the effects of enteritis, pneumonia and meningitis, previously healthy, Bouchut found upon the convexity of the brain, near the great fissure, in the groove between two cerebral convolutions, a transparent vesicle, its diameter 0^m.01, in which a small whitish flocculus was swimming. This vesicle raised up the arachnoid, and contained an opaque body formed by a cysticercus (*C. cellulosæ*, Rad.) folded on itself. At its side was a second, whose sac was empty, and seemed in a state of decomposition.

In a girl ten years of age, the right side of the body, the face and the extremities had for three months presented ungovernable movements; the right arm was useless; speech very difficult. At the same time that a semi-chorea existed on the right, a complete anæsthesia to pain was found on the left side of the body. The little girl perceived that she was touched and pinched, but did not suffer. She contracted scarlatina, became albuminuric and suddenly died twenty days after the eruption. At the autopsy, at the posterior part of the right hemisphere, in the body itself of the cerebral substance, a small cyst was found, of the size of a small hazelnut, containing cysticerci; one of them, quite old, was in a decomposing state, and reduced to putrescence in its altered envelope. The other was white, resistant and intact. The head was drawn into the body. The suckers were quite eviled, and with the naked eye there could be seen at the centre a black spot, formed by the mouth of the animal and its crown of tenacula. This crown of tenacula was already altered by a deposit of black matter, but it appeared well preserved, and the resisting tenacula did not fall off in the preparation. They were twenty-nine or thirty in number. The neck articulated, narrowed, elongated, communicated with the transparent body, at whose surface could be seen a number of granulations and calcareous patches. This cysticercus appeared to Bouchut to be the type of the variety of *C. cellulosæ*.

I have found in the brain of a woman thirty-two years of age, who died of puerperal peritonitis, a cysticercus to which I gave the name of melanocephalus, lodged in the pia mater between the two hemispheres, above the anterior part of the corpus callosum.

vesicle. Thus, in many other observations, very imperfectly made and useless as regards the natural history of cysticerci, the cephalic extremity was not even found.

Werner well describes the orifice of invagination (*incisio vel foveola*), and the cephalic invaginated part in its lentil-like form—which are very characteristic of the cysticercus *turbinatus*. Werner appears, from the plates of Fischer, to have observed thirty-two tenacula—thus in accordance with myself; whilst Guisburg has drawn twenty-five, and Frédult only twenty-four. The differences are not important. The number of the tenacula varies with the age of the parasite, whether it remains in the state of a cysticercus or separates into proglottides furnished with a generative apparatus. The size of the tenacula is not more characteristic; their shape and size increase with age, and it is natural that the tenacula observed by Frédult, only twenty-four in number, should be twice as short as those observed by me, and that these last should present variations in length from 0mm.02 to 0mm.4.

* Gazette des Hôpitaux, 1852, Nos. 20, 21.

The presence of the parasite caused no symptom during life. It was impossible to find any trace of others in the viscera, peritoneum or muscles.

The cysticercus melanocephalus, K., when taken from its cyst 38 hours after the death of the patient, was alive. Its body was perfectly transparent, but soon became opaline when placed in tepid water. The invaginated extremity was seen to contract, to lengthen and to balance itself laterally in the caudal vesicle, the contracted part itself shrinking in those places touched by a pin. The transparency of the body allowed us to see distinctly in the midst of the invaginated portion a small black point, and at its extremity a small infundibuliform orifice. The cyst which contained the parasite was fibrous and thin. In its neighborhood existed a vascularity somewhat pronounced. The caudal vesicle in which the head of the cysticercus was invaginated, had a diameter of 0^m.013, and contained, suspended in a transparent liquid, a granular matter, whitish, glutinous, formed by globules of 0^m.006 in diameter and less, mingled with thin filaments.* The cephalic extremity was invaginated in the caudal vesicle in a way totally different from that of the *C. turbinatus*. It formed a cylindrical prominence, transversely striated, suspended by a narrow pedicle to the umbilicus of the vesicle. At the interior of this invaginated part existed a portion of the parasite at whose external extremity was found the head again invaginated, distinguishable externally by a small black spot. Drawn out of its vesicle the cysticercus was 0^m.03 in length. The head was quite broad; examined and measured without compression, it had a breadth of one millimetre, and was supported by a neck 0^{mm}.2 broad. It was furnished with four suckers 0^{mm}.36 long by 0^{mm}.25 broad—neither rostellum nor tenacula appeared externally by moderate pressure, even with transmitted light. In the centre of the head, in the midst of the suckers, a blackish areola was visible. Wishing to know the nature of this colored part, I detached the head of the parasite and subjected it to great pressure between two planes. A crown of tenacula appeared, twenty-four in number, placed in two ranges, the smaller ones alternating with the others. These tenacula were turned up symmetrically in the interior of the head, their concavity directed outwards. As the compression became stronger, so did they more and more project from the head forwards and outwards, until they were spread out like the radii of a circle or the petals of a flower, the points directed outwards, the concavity of the hooks backwards. A hemispherical rostellum projected in the centre of these tenacula. The circular prominence upon which the

* These globules appeared formed by the debris of the cactiform bodies met with in the caudal vesicle of certain cestoid helminths. These bodies are developed in the caudal vesicle. They consist of a mass of globules from 0^{mm}.002 to 0^{mm}.006, arranged in pyriform masses, planted on one another like the ramifications of certain cacti. They seem to represent the sperm-bearing glands of the proglottiferous strobiles. Water alters them, and they decompose very rapidly; the globules then become free, and molecular movements are then observed which seem to bear witness for their vitality according to Wagener. (Nov. Act. N. C., Breslau, 1854, t. xxiv. Supplement Die Entwicklung der Cestoden, p. 12.)

tenacula were implanted, was colored by rounded pigment granulations, polyhedral, black and grey, having a diameter of $0^{\text{mm}},04$ or less. The tenacula were massive, the larger $0^{\text{mm}},17$, the smaller $0^{\text{mm}},12$ in length. This is equal to three and a half times their width at the apophysis (*moyenne*), which is placed at an equal distance from each extremity. In the parietes of the body of the parasite, and principally at its internal surface, at a distance of two to three millimetres from the head, were numerous oval corpuscles, the largest of which in their greatest axis measured $0^{\text{mm}},016$, the smallest $0^{\text{mm}},004$. These were rare in the caudal vesicle, and totally absent in the neck near the head.

Eschricht* has discovered the presence of the *C. tenuicollis* in man.

The Difficulty of a correct Classification.—It is often difficult to distinguish and classify the species and varieties of cysticerci and of tænia, as not one of the characteristic parts of these parasites is absolutely constant. In the same species, the number, the form and the size of the tenacula, the dimensions of the suckers, the form of the diameter of the rostellum, the diameter of the head, and the coloration, are subject to great variation according to their production, the place where they are developed, their age, the animal they inhabit, &c.

Thus, for example, Follin and Davaine† have considered the *C. cellulosa* of man as forming a distinct species, because the number of the tenacula (32) is different from that of the *C. cellulosa* of the pig (26 to 28), as well as by a slightly different form of the head and neck. This distinction cannot be retained, since in one of my observations I found only twenty four tenacula. The tænia solium produced by the *C. cellulosa* has twenty-four to thirty two tenacula. If we follow the measurements of Leuckart, we find the length of the larger tenacula to be $0^{\text{mm}},167$, and $0^{\text{mm}},11$ for the smaller. The measures of Kuchenmister‡ give $0^{\text{mm}},18$ and $0^{\text{mm}},126$. In the two observations of *C. solium*, mentioned by me, the tenacula in one case had $0^{\text{mm}},18$, and $0^{\text{mm}},13$; in the other, $0^{\text{mm}},16$ and $0^{\text{mm}},13$. It is probable that these differences occur from individual variations, from the respective age of the cysticerci and the tæniæ observed, and not from a difference in species.

In the observations of *C. turbinatus*, which evidently belongs to the same species as the cysticercus of the tænia, the various parts of the parasite show differences sufficiently remarkable to establish as many varieties as there are observers; thus, for example:

Size of caudal vesicle.

Werner.	Frédault.	Gunsburg.	E. Kœberlé.
7 to 20^{mm}	6 to 15^{mm}	15^{mm}	4 to 13^{mm}

* Cited by Leuckart, Die Blasenbandwürmer, Giessen, 1856, p. 4.

† Comptes Rendus de la Société de Biologie, t. iv, p. 20.

‡ Kuchenmeister. Die in und an dem Körper des lebenden Menschen vorkommenden Parasiten, Leipzig, 1855, p. 178.

Length of tenacula.

Werner.	Frédault.	Gunsburg.	E. Koeberlé.
?	0 ^{mm} ,07 to 0 ^{mm} ,10	?	{ a, 0 ^{mm} ,18 to 0 ^{mm} ,20 b, 0 ^{mm} ,10 to 0 ^{mm} ,14

Number of tenacula.

Werner.	Frédault.	Gunsburg.	E. Koeberlé.
32 ?	24	25 ?	32

I have already remarked that these variations should be attributed to the respective ages of the cysticerci, to errors of observation, &c.

As regards the form of the caudal vesicle, there is no characteristic mark. It reproduces the form of the place where the parasite has been lodged. When the development is not obstructed, they tend to a spherical shape. In the midst of muscular fibres they tend to become elliptic, and the orifice of invagination is then placed between the two extremities of the ellipsoid.

The pigment deposit of the circumference of the rostellum can no more be considered as characteristic of a species.

The form of the tenacula is the most fixed, though within a certain limit subject to variation.

It is only by a comparison of all the characteristics that we can determine, and often with difficulty, the species of certain cysticerci.

A certain number of tæniæ and the most of their cysticerci are very incompletely described, many varieties being considered as distinct species. New investigations and more finished observations are necessary to establish a satisfactory classification. As yet, any attempt of this nature, with the elements now possessed, must be founded on a base of insufficient solidity.

PINS IN THE RECTUM.

BY JAMES M. NYE, M.D., OF LYNN, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

A GENTLEMAN, 30 years old, a near resident of mine, has suffered occasionally for five or six years past with pain in the lumbar region and through the pelvis. No soreness was felt; pressure relieved him. He frequently walked with both hands pressed on the lower part of the back.

Last February, a sharp pain was felt in the rectum, while at stool, and on examination a pin was found protruding from the membrane. He seized the pin with his fingers, and extracted it, causing great pain and some hæmorrhage. No trouble followed.

In May, the pains were felt again, and soon another pin made its appearance, and was extracted in the same way, and with the same effects.

The pins were large and colored black; they were of the old

fashioned style, with heavy wire heads, and entirely out of use for fifteen years at least.

The most probable theory is, that they were swallowed some twenty or twenty-five years since, in childhood; and after a long and circuitous journey, had found their way out.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

MAY 27th.—*Typhlo-enteritis; Malformation of Intestine.* DR. CABOT reported the following case.

A boy, 13 years old, after eating a large dinner, exercised violently. He was soon after attacked with pain in the abdomen, became faint, and vomited both food and bile. The next morning there was tenderness and induration in the right iliac region, a pulse over 100, but no excessive pain. He got some relief after a discharge produced by castor oil. The next day the tenderness extended across the abdomen, the pulse was accelerated, and he had some strangury. The pain and strangury were relieved by an opiate enema, and fomentations, but afterwards returned and increased. The fourth day the pulse was quick and feeble, and the tenderness increased. It grew less towards evening, but the patient became delirious, and died early on the morning of the fifth day.

Dr. ELLIS reported the autopsy. On examination, the lower edge of the great omentum was greenish, infiltrated with pus and adherent in the neighborhood of the cæcum. The appendix was adherent to the adjacent parts, which were of a blackish color. In the appendix, about midway between the extremities, was a round opening, about a line in diameter, and in the interior were two yellow oval bodies, one a quarter, the other half an inch in length. Although these had the shape of beans, they appeared, on being broken up, to be composed of fecal matter. The inner surface of the appendix had a rough, whitish appearance, as from inflammation.

The arch of the colon was parallel with the ascending portion, being pushed aside by a soft, resonant, elastic tumor, which occupied the left side and centre of the abdomen, with the pancreas upon its superior and posterior surface. On further examination, this proved to be the wall of a sac formed by a separation of the layers of the mesentery, which usually constitute the transverse meso-colon. This contained the greater part of the small intestine, and was evidently congenital, as the mouth of it was two or three inches in diameter, and the margin smooth and rounded. The intestine itself was unchanged. The other organs were normal.

MAY 27th.—*Epithelial Cancer of the Stomach.* DR. E. PALMER reported the case.

The patient was a gentleman, aged 59 years, who had never known what it was to be ill, before being attacked with the disease of which he died, and who was endowed with great physical and mental vigor. Early in June, 1869, he had three attacks of what he termed cholera morbus, occurring without obvious cause, in rather rapid sequence,

and which were succeeded by prostration, loss of flesh, some nausea and distress after eating, and occasional tendency to diarrhœa. As the disease advanced, he had vomiting at intervals of from ten to twenty days, not violent, nor preceded by nausea, but sudden, and followed by extreme exhaustion. An attack of vomiting invariably had for a herald a sense of pain in the middle of the shaft of the left humerus. The skin was anæmic, with a faint bronze tinge, of the tint associated by many with malignant disease. The feces were invariably of a dark-green color. The urine was normal. No tumor could ever be detected in the abdomen. No member of the patient's family had ever died of cancer. Death occurred April 29, 1861; the duration of illness having been eleven months.

At the autopsy, the pyloric extremity of the stomach was nearly surrounded by a soft, white growth, which extended inwards two or three inches from the valve. Its margin was undermined, and somewhat elevated above the surrounding surface, but the remainder of the growth appeared to have lost a part of its substance, the base being sunken and irregular, and formed by the exposed disease, long shreds of which floated up, on placing the part in water. There was no disease elsewhere.

Dr. ELLIS remarked, that on microscopic examination, the disease was found to be composed of cells and nuclei, more or less granular, but not larger than those of cylinder epithelium. They were round, more or less elongated, some being fusiform or pointed at one end only. A few had a decided columnar arrangement. The microscopic appearances in this, as in two other cases, will warrant us in calling it an epithelial growth, the elements being the same in the three, and, he thought, as indicative of epithelial disease of the intestine as those of the cancer of the lip are of a similar formation there.

JUNE 10th.—*Insanity; Death from Pyæmia.* Dr. TYLER reported the following case.

A lady, 34 years old, married, and the mother of three or four children, the youngest of whom was seven weeks old, entered McLean Asylum, Feb. 7th. Two of her maternal uncles had died insane, and other members of her family had been deranged. She had had two or three attacks of "bilious disease" previously, not followed by insanity. On the 9th of January, she was attacked with pain and vomiting; on the 19th, she had mental disturbance, vigilance, and inability to take food. On admission she was exhausted; afterwards she had incoherence, would take no food or medicine; had occasional liquid dejections, and very abundant urine. In a week she became more quiet, and took food, but afterwards relapsed. Feb. 28th, she showed signs of sinking, and died March 2d.

At the autopsy, the skull was found to be uncommonly thick, being half an inch in the frontal and occipital regions. The brain was healthy. The arachnoid was firmly adherent, and ecchymosed in several spots. The liver was filled with pus, and weighed 6 lbs. 10 oz. The gall-bladder was gangrenous, and was completely filled by a large calculus. There was also hepatization of the lower part of the right lung. In this case, the disease of the brain was secondary, and the insanity was probably owing to a poisoned state of the blood.

JUNE 10th.—*Ophthalmia Neonatorum.* Dr. WILLIAMS asked whether gentlemen had seen many cases of ophthalmia among new-born children lately. He had met with an unusual number of cases within a few weeks.

Dr. PUTNAM asked what treatment Dr. Williams employed.

Dr. WILLIAMS said, frequent syringing with simple water, and afterwards with a solution of alum of the strength of five grains to the ounce every hour, or every half hour, and perfect cleanliness. In cases of ulceration of the cornea, he employed atropine to dilate the pupil and keep it out of harm's way, should perforation ensue. If properly treated in the beginning, the disease may be checked in a week, and is perfectly manageable: but if the case be not seen until it has gone on some time, especially if perforation have taken place, the cure will require many weeks. In chronic cases he applied the solid sulphate of copper, which he preferred to nitrate of silver.

Dr. PUTNAM said he had treated fifteen or twenty cases, without the loss of a single eye, by everting the lids, applying lightly a stick of solid nitrate of silver, and syringing with cold water.

Dr. H. J. BIGELOW was inclined to think that cleanliness was the most important element in the treatment.

Dr. WARREN said that great care should be taken in syringing, that the stream be not deflected from the eye of the patient into that of the operator, and communicate the disease, which was highly contagious.

JUNE 10th.—*Diphtheria; Severe Gastric Symptoms; Recovery.* Dr. Abbot reported a case of diphtheria occurring in a man between sixty and seventy years of age. The patient had been suffering for two or three weeks with a severe bronchitis, which had weakened him extremely, and at the time of the attack a moderate diarrhoea had set in. When the throat symptoms came on, the whole of the soft palate and tonsils were found more or less coated with an opaque, creamy, faintly yellowish deposit, soft, in some places broken and thrown off, leaving a livid red punctated surface, with the mucous follicles enlarged. The soreness on swallowing was extreme, but there was no great amount of swelling. There were no symptoms to indicate any affection of the larynx. A gargle of chlorate of potass in flax-seed tea was ordered, a grain of quinine every two hours in compound spirit of lavender, and ten minims of laudanum *pro re nata* for the diarrhoea. Beef tea and stimulants were to be freely given, according to the wishes and condition of the patient. On visiting the patient the next day, the soreness of the throat was much diminished, so as to offer no serious obstacle to deglutition. Early in the previous night, however, severe pain and soreness at the epigastrium had come on, which apparently extended up the œsophagus. Any attempt to swallow had become so distressing, that the patient had for hours abandoned the effort, the smallest quantity of liquid causing intense suffering. At my request, he made the attempt to swallow a teaspoonful of liquid. The fluid passed the fauces and pharynx without any difficulty or pain, but in a moment or two, about the time for it to reach the lower part of the œsophagus, the patient sprang up in bed in intense agony, writhing about and pressing his hands upon the lower part of the sternum and epigastrium, and groaning in a manner to indicate the extreme of suffering. It was evident the disease had passed down the œsophagus to the stomach. The thirst was extreme, but the suffering from swallowing was too great for the patient to be willing to renew the attempt. Here was a serious obstacle to treatment. Everything in the case wore the most unfavorable aspect. Small injections of beef tea, guarded by a small quantity of laudanum, however, were ordered to be administered every two hours, and the patient was left with small

hopes of improvement. In the evening it was found that after every two or three injections, there had been a dejection, which seemed to bring away all that had been thrown up. The patient had passed a miserable day, tortured with thirst and pain, but unable to swallow. Treatment continued. The next morning it was found that the soreness of the epigastrium and in the lower sternal region had abated somewhat, so that the patient had been able, with some difficulty, to swallow mild liquids. From this time the symptoms abated, and quinine was administered as it could be taken. Stimulants, however, were rejected, as there was a decided repugnance to them. Nourishment and moderate doses of quinine were the only means employed. The throat continued to be coated by the pasty deposit, which was constantly renewed for a number of days after the patient had become convalescent: in fact, traces of it could be seen up to the time when he was able to be taken some miles in an open vehicle to the country. The interesting points in the case may be thus summed up. 1st, Diphtheria in an old man debilitated by previous sickness. 2d, Severe throat symptoms, but no laryngeal symptoms. 3d, Intense œsophageal and stomach affection, shutting off the principal entrance for food and medicine. 4th, Unexpected recovery, not to be attributed in any great degree to medical treatment.

JUNE 24th.—*Scirrhus of the Rectum.* Dr. ANSON HOOKER showed the specimen. The rectum was very closely adherent to the walls of the pelvis, and was detached with much difficulty. It was thickened and scirrhus throughout its whole extent. The posterior part of the bladder was involved in the disease. The ureters were nearly obliterated. Above the seat of disease they were largely distended, especially the left one. The disease was confined to the organs within the pelvis, except very slight traces on the peritoneum within the cavity of the abdomen.

The patient was a lad, 16 or 17 years old. A year ago he was suddenly attacked with pain in the region of the umbilicus, which increased, and was followed by vomiting, indigestion, constipation and slight cough. Eight months after this, he was first seen by Dr. Hooker. He then had emaciation, and much pain, especially on defecation. The pain, however, was never referred to the rectum (except during an examination per rectum), but always to the region of the transverse colon. The sigmoid flexure was much distended, but no obstruction could be felt in the rectum. A month before death, the obstruction in the bowels gave way, and he had free dejections; but the pain continued. Death occurred in eleven months from the first symptoms. There was no hereditary tendency to the disease.

JULY 8th.—*Ulceration of Stomach and Intestines.* Dr. ELLIS showed the specimen, which came from a man 59 years of age, who had been under the care of Dr. Bigelow, of Newton, and was seen in consultation by Dr. Ware. Many years since, he was in business in St. Thomas, where he enjoyed excellent health, and continued to, after his return to this country, until April, 1860, when he was attacked with diarrhœa, slight at first, but which increased while he was in St. Louis, in June. Nothing is known of the character of the dejections at that time, but when seen afterwards, they contained blood and mucus. There was not much pain and no fever. He would sometimes be free from the trouble for six weeks. Although the appetite was good, he seemed to have partially lost his taste, and food did not appear to

nourish him. The prominent gastric symptom was a feeling of sinking. The emaciation was not very marked.

In the pyloric portion of the stomach, particularly in the smaller curvature, were many ulcers, more or less irregular in their outline, and for the most part small, the largest being, by estimate, from a third to half an inch in diameter. They presented none of the appearances usually found in chronic ulcers, but resembled those found in the intestine below. Their margins were undermined, and their bases formed apparently by the muscular coat. The mucous membrane around was not materially changed. That of the large extremity was softened by the action of the gastric juice. Scattered throughout the whole length of the large and small intestines were ulcers of various sizes, the largest and deepest occupying the upper part of the small intestine, where a number were perhaps two-thirds of an inch in diameter.

The tissues which formed the base of some of these were so thin that they were ruptured during removal, although no unusual traction was made upon them. Their margins were undermined, but did not appear materially changed.

In the large intestine, comparatively few were seen, and some of these were very superficial, ill-defined, and of a dark gray color, giving the impression that they were old and undergoing cicatrization. No change was anywhere noticed externally which indicated the existence of the disease. The contents of the small intestine were either thick blood or some material deeply stained by it. Those of the large intestine were thin, dark colored and very offensive. The other organs were healthy.

The case was considered interesting on account of the character of the ulcers in the stomach, and their resemblance to those of the intestine.

JULY 22d.—*Pregnancy complicated with Ascites.* Dr. JACKSON reported the case, which occurred in the practice of Dr. George Faulkner, of Jamaica Plain. An Irishwoman, aged 28 years, applied to Dr F., Oct. 27th, 1860. Countenance quite thin and cadaverous. Expected to be confined in two months. Very much oppressed with ascites of six weeks duration; lower extremities œdematous. She had been in this country about six years; pale and sickly in appearance, but had never had any severe sickness. Married nearly one year. It was very difficult or impossible to determine the period of her pregnancy; but, as she seemed to be failing, it was decided to bring on premature labor. On the 18th of November, a Simpson's sound was passed a little way into the uterus, and swept around. On the 19th, as there was no change, an elastic bougie was passed as far as it would go, and left to come away by the movements of the patient. On the 20th there was still no change, and the same was repeated. At 2, A.M., on the 21st, labor began, and after fifteen hours the child was born. The labia were enormously swollen, and literally as hard as marble, so that the head had to pass behind them, but the perineum was not torn wholly across. The child appeared to have reached nearly full time, and is now (May 25th) living. The mother was more comfortable for a day or two, but died comatose, November 27th, six days after delivery. The abortion seemed not to give any shock, or to add at all to her discomfort.

The liver, which was very markedly granulated, and the uterus

were brought in a fresh state to Dr. D. H. Storer, by Dr. Robinson of Jamaica Plain, and the following notes were taken by Dr. J. :— Uterus seven inches in length externally in a straight line, and including the os tinæ; maximum width, $4\frac{1}{2}$ inches, and thickness $1\frac{1}{4}$ inch. Site of the placenta very marked upon the anterior surface of the body. The organ was shown to the Society.

JULY 22d.—*Fibrous Disease of the Ovary.* Dr. JACKSON showed the specimen, which he had received from Dr. S. H. Carney, Physician to the State Almshouse, at Bridgewater. It was taken recently from an old insane woman, of whom very little was known. She had never had children, and her bodily health had been good until within a few years. Every organ was examined, but no other disease was found, excepting that of the ovary, which lay well down in the pelvis, and without any adhesions or sign of inflammation about it. It formed a pretty regularly oval mass, four inches in length, three inches in width, and two inches in thickness. Its structure was uniformly a fine (i. e. not coarse) fibro-cellular, and as dense as any scirrhus. Microscopically, Dr. Ellis found "nothing but fibrous tissue." The upper extremity of the cervix uteri is obliterated to a small extent, but firmly; as, Dr. J. remarked, it very frequently is in old women.

In regard to the nature of the case, Dr. J. is inclined to regard it as one of simple fibrous development, and not a scirrhus affection, which is very rare in the ovary, though other forms of malignant disease are not so. He had examined a case many years ago, in which one of the ovaries formed a very large tumor, of which one half was encysted, and the remainder formed a dense fibrous mass, as in the present specimen. There is also, he remarked, an ovary in the Society's Cabinet, taken from a patient who was extensively cancerous. It is of a regularly oval form, of the size of a small musk-melon, and resembles the above specimen, so far as we can judge of one that has been in spirit for several years.

JULY 22d.—*Enlarged Male Breast.* Dr. JACKSON showed a cast in plaster, of the external appearances, and reported the case. A healthy-looking sailor, aged 22, was seen at the Hospital by Dr. Gay. The breast was about as large as that of a girl 14 years of age, firm to the feel, gently elastic, and with a well-formed nipple, not painful, and, so far as he knew, not connected with any external injury. It had been enlarging for nine years. The patient was seen but once, and the cast was then taken.

In connection with this case, Dr. J. alluded to another of true scirrhus of the mammary gland, that was operated upon not long ago at the Hospital by Dr. Gay. An interesting complication of the operation was the puncture of the pleural cavity, caused by a sudden and violent start of the patient; interesting, practically and pathologically, from the fact that it was scarcely followed by a symptom.

Bibliographical Notices.

Hints on Health, for the Use of Volunteers. By JOHN ORDRONAU, Professor of Medical Jurisprudence in Columbia College, New York. Appleton & Co., 443 Broadway. 1861. Pp. 142.

This little volume does not purport to be more than a manual on

the general principles of military hygiene, for the use of both officers and men. "Its brevity," as is stated in the preface, "its omission of all scientific discussion, and of many statistical tables, sufficiently indicate that the mission it is designed to perform is eminently *suggestive*, and not in any sense *authoritative*."

The author has managed to compress much into a small space, and yet has succeeded in giving us one of the most instructive and readable books on this subject that we have seen.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: JULY 31, 1861.

FREE CITY HOSPITAL.—We have been favored, through the politeness of J. C. J. Brown, Esq., of the Common Council, with a copy of the Report of the Joint Standing Committee of the City Government on the proposed Free City Hospital. The Report is an extremely interesting and able one, and does great credit to the Committee. It is evident that they have very thoroughly and conscientiously examined the subject committed to them, and they have come to the conclusion that such an Institution is greatly needed. We have long held this opinion, having had peculiar opportunities for coming to such a conclusion. The Committee had it in charge to report upon the plans submitted to the Government for suitable buildings for the purpose, and after long deliberation, and with acknowledged hesitation and diffidence, finally decided to recommend the plans submitted by Gridley J. F. Bryant, Esq., as, on the whole, meeting the desired object, in point of economy, convenience of arrangement and architectural fitness and beauty, better than any other. They speak in high terms of commendation of other plans submitted to them. Fourteen were offered, of various degrees of merit. Of these, the first premium, of two hundred dollars, was awarded to Mr. Bryant's; the second, of one hundred dollars, to Mr. Ropes's. A third plan, by Mr. Boyden, assisted by Dr. John Green, of this city, is very highly complimented by the Committee, and a gratuity of fifty dollars was voted by them as a recognition of its merits. Other designs are specially mentioned in favorable terms, and it is evident that the selection of that which would most completely serve the purpose in view, was by no means an easy task. The Report is accompanied by plans by the architect of the buildings and the surrounding grounds, as well as an exterior view of the whole. The institution promises to answer admirably the end in view, and to be a great ornament to the city. The lot in which it is proposed to place it is 630 feet long by 454 feet wide, or an area of nearly seven acres, bounded by Harrison Avenue, Springfield, Albany and Concord streets. We have not space to go at length into the details of the plan, but we copy from the statement of the architect a description of the general arrangement and design of the buildings.

"The design embraces six separate pavilions radiating from a central structure, but entirely disconnected with said structure excepting by corridors or walks, each of the quadrant of a circle in form. The pavilions are intended to be so grouped with reference to the central building as to be located in parallel

rows of two pavilions each, on three sides of the central building, at the distance of eighty feet therefrom. The ends of the pairs of pavilions face three of the four streets which surround the site, and are located one hundred feet back from the margin of the site or side of the street against which they face. The principal facade of the design which comprises two of the pavilions and the central building is designed to be located one hundred feet back of the margin of the site, on the Springfield side thereof, the centre building being however located one hundred and forty feet back from the said street.

"Four of the six pavilions will accommodate from forty to fifty patients each, and are to measure one hundred and seventeen feet in length and twenty-eight in width. The remaining two pavilions are intended for twenty beds each, and are to measure eighty-nine feet in length and twenty-eight feet in width. All six of the pavilions are of three finished stories in height, to wit: basement and two dormitory stories. The central building is proposed to be sixty feet square, and is also three stories in height, arranged exclusively for the officers' apartments and other conveniences requisite for the care-taking and the supervision of the proposed institution.

"The pavilions are to be so located as to be one hundred feet apart in the clear, and at an average distance of one hundred feet from the central building, thus securing the most ample space for light and ventilation to and between the several buildings composing the complete design. The arrangement and position of the buildings, in reference to each other, render the erection of any two of the pavilions and the central building, or even two of the pavilions without the centre building, a complete hospital inside, avoiding the necessity of erecting a building of more than the requisite capacity at the present time.

"But while the sanitary arrangements of the proposed structure have thus engaged, as is most fit, the most careful thought and attention which it has been in my power to bestow, I have not allowed myself to be insensible to the rare opportunity presented in this building for external architectural effect. The very necessities of the plan, as described above, are of themselves the sources of some of the highest architectural beauties. A central building with a portico surmounted by a bold and picturesque dome, and connected laterally by means of open colonnades, with advanced pavilions of a corresponding style of architecture, presents in its own absolute requisitions the groundwork for artistic effect of the highest order, and such as in buildings intended for other and different purposes, great additional outlay and serious inconvenience of arrangement have sometimes been submitted to in order to attain. The primary and secondary masses of light and shade in the composition are, by this arrangement, made to glide into each other by the most gradual transitions of effect, while the open screens of double columns in the corridors curve round into different relations of position and shadow with each footstep of the advancing spectator."

"The particular style chosen is the modern style of *Renaissance* architecture, a style which, from its own inherent beauties, not less than from its almost universal susceptibility of adaptation to structures of a dignified and monumental character, stands confessedly at the head of all the forms of modern secular architecture in the chief capitals of the world."

We publish below another letter from Dr. Martin, who asks it of us as an act of justice. It does not alter our view of the subject in controversy at all. Our only object has been to show that our State has not been culpably negligent in the matter of vaccinating the troops; this we think we have shown. The offer of gratuitous vaccination was made after the three months troops had left. Dr. Martin, for reasons satisfactory to himself, declined furnishing vaccine for the soldiers then on the islands in the harbor. The Medical Commission provided for the vaccination of all unvaccinated recruits after the second of May. This is the sum of the matter, and we think the State stands exonerated. The tone of Dr. Martin's letter of July 18th, implying ignorance on our part of the true state of the case, to say no-

thing of its insinuations of a stupid admiration of everything done in Boston simply because it was done here, called forth our remarks in reply. We think we do Dr. M. more than justice in printing the present letter. Our readers, we hope, will pardon us for occupying so large a space with what has got to be so much of a personal matter. We can only refer them back, if they are inclined to take the trouble, to our issue of July 18th, for our reply to anything which these few words leave unanswered.

FORTRESS MONROE, VA., JULY 22, 1861.

MESSRS. EDITORS.—Your Journal of the 18th instant is at hand with my letter of the 10th, and your comments thereon. I do not wish to continue the controversy, but certain portions of your commentary demand notice. I have nothing to do with what the *Medical Times* has said about this matter, am not in any way responsible for its comments, although on reference to the article in that Journal (June 22d), which has given umbrage, I fail to see anything which ought to call forth so much feeling. You allude to frequent reflections in the public papers on the neglect, inefficiency, &c. &c., of Massachusetts functionaries and those appointed by them. A good deal might be said on such subjects, but that is not my purpose now; enough, that no statement that Massachusetts regiments were suffering from small-pox, &c. &c., was ever published on my authority. I have said that the arrangements for vaccinating Massachusetts troops were for a long time totally insufficient, and I say so still. You have not disproved it, and *cannot*. In regard to my, so often mentioned, offer to Gov. Andrew, to vaccinate troops gratuitously, I have as yet discovered no reason to be ashamed of the motives which led me to make that offer, nor do I admit your right to asperse them because, when my offer was rejected, a request that I would supply vaccine lymph gratuitously for an unlimited number of troops was declined by me. I might have been, and *was* willing to furnish *matériel* for my own vaccinations, but not in such quantities as would have been necessary for the fulfilment of such a request. One word more, and one only, about this offer. It *ought* to have been accepted, and probably would have been, if made to the full and able "Medical Commission," instead of to the limited body to which it was referred, not by me, but by Gov. Andrew. I shall say no more of my offer, or of the dual "staff" which declined it. The history of the medical staff of the government of Massachusetts, the executive ability and disinterestedness of its members, ought to be sufficiently known, at any rate to *your* readers, for you have told them much of all these things. I do not care to discuss the *now* very unimportant matter further. Let me say that I seek no quarrel with Massachusetts functionaries, military, medical or executive; I have made no inquiries whatever in regard to troops from that State, nor should I have made any, among the three months regiments who are (or rather *were*) the only ones here,* even if I had concluded to continue the inspection. If regiments enlisted for a longer time had come to this post, I should have examined them. If I found them properly protected, my statement to that effect would have been freely given, and would have been proof of the efficiency of Massachusetts management; if I had found them *not* to have been properly vaccinated, you will hardly deny that a discovery and remedy of the deficiency would have been beneficial. The fact, however, is, that the inspection will *not* be continued by me. When I had finished my work at Camp Butler (some eight miles from this post), I concluded that unless a full and satisfactory arrangement could be made with the Secretary of War, I could not go on. The labor of thoroughly making the inspection and registration was very great, and far from agreeable; and although I was willing, nay happy, to suffer considerable loss, I could not continue and complete so arduous a task, involving the large consumption of *matériel* of, to me, absolute pecuniary value, on the very meagre salary which Gen. Butler or even the Surgeon General has the power to

* I mean, of course, if there had been no urgent reason. The unexpired time of these regiments was so short, that, as in the case of the 1st Vermont Regiment at Camp Butler, I should not have considered an inspection necessary unless various disease had shown itself in such regiments or their immediate vicinity. In Volunteer regiments, having so short a time to serve, there would be almost insuperable objections made by the men, in view of the very short remainder of their term of enlistment.

grant. When the application was made, I knew very well that it would not be favorably received, and accordingly was not at all disappointed when, a day or two since, I was informed that such a contract as I desired would not be endorsed by Mr. Cameron.

Previously to my departure from Boston, on the 20th of last month, I received a letter which led me to believe that smallpox had broken out in some, *if not all*, of the regiments in and about Fortress Monroe and Newport's News. Having no reason to doubt the correctness of this statement, and knowing that several Massachusetts regiments were there, I may, and I believe I did, at your office, mention it as a proof of the probable soundness of some apprehensions which I had expressed, but no statement to that effect, that I am aware of, *certainly* none, with my authority, has been published. I have given you an accurate and pretty full account of what information I have obtained here. Of the condition of the Massachusetts regiments in regard to vaccination, I know absolutely no more than I did when I left Boston. None of those regiments fell under the inspection which I made, and since my return to the Fortress I have made no inquiry regarding them. I do not *know* whether there have been any cases of varioloid or any other contagious disease among them, nor shall I, now that my inspection has ceased, take any pains to be wiser in the matter. It is my *belief* that there have been *no* variolous cases among them; but I may also state that, previously to my visit to Newport's News, I was not aware that there were any such cases *there*, and that even now there are very few who know it here, and many who have been told that such has been the case seem to doubt. This, however, is not material, and is only mentioned to show that I do not wish to make any "blaze and smoke" about Massachusetts mismanagement—do not wish to show that regiments from that State have (the three months ones) not been properly vaccinated, for that is admitted. Nor would I, now that my "occupation's gone," make the slightest effort to obtain evidence that such omission had been followed up by its natural consequences, even if such evidence were within easy reach; at any rate, I would do so only if necessary for personal vindication, not as a ground of invective.

What I *do* wish and hope is, that, somehow or other, the troops, not only from New England but elsewhere, may be as thoroughly protected from smallpox as possible. However fortunately they may have escaped hitherto, it may be fully and confidently expected, that just so far as such protection has been withheld from troops, those troops will, on the approach of winter, suffer from what Gen. Butler has truly called the "scourge of armies."

I pray you excuse the length of this, necessarily, very hastily written letter. Your editorial of the 18th was very unjustly severe. I am not responsible for remarks made in the public press, nor for the exaggerated statements of others, nor for the strictures of the *Medical Times*, or the self-gratulation, at the expense of Massachusetts, of the Rhode Islanders. I have endeavored to state frankly the position I have held, what I have done, and how. In order to do this, I have trespassed unreasonably on your space. I assure you I do not wish to pursue the controversy, nor shall I do so unless again constrained by ungenerous and unjust comments in your pages or elsewhere.

HENRY A. MARTIN.

MEASLES AMONG THE VOLUNTEER TROOPS.—The following is an extract from a letter from Dr. C. B. White, in the N. Y. *Medical Times* of July 20th, dated Fortress Monroe, July 12th:—

"The First Regt. Vermont Volunteers were unfortunate; while on their passage hither the measles began to prevail, and after their arrival the disease spread rapidly among them. This occurred about the middle of May. This invasion of rubeola gave rise to the ridiculous rumors of the prevalence of smallpox among our troops. There have been no authenticated cases of variola in this division of the army. Dr. Eisenlord, of the Seventh N. Y. Vols. (Col. Bendix), had two cases about June 20th, which he at first thought to be varioloid. The

First Regiment Vermont Volunteers had, during the last month, 121 cases of measles alone; all but two of which, however, convalesced satisfactorily. These two lapsed into a typhoid condition and died.

THE GREAT EXHIBITION OF 1862.—Her Majesty's Commissioners for the International Exhibition of 1862 have requested the following gentlemen to act as members of a Committee in connection with Class XVII. (Surgical Instruments and Appliances) of the approaching Exhibition:—Mr. William Lawrence, F.R.C.S.; Mr. Joseph Henry Green, F.R.C.S.; Mr. Jas. Moncrieff Arnott, F.R.C.S.; Mr. John Flint South, F.R.C.S.; Mr. Caesar Henry Hawkins, F.R.C.S.; Mr. James Luke, F.R.C.S.; Mr. F. Seymour Haden, F.R.C.S.; and Mr. James Paget, F.R.C.S.—*London Lancet*.

A SOMNAMBULIST FINED FOR PRACTISING MEDICINE.—The tribunal of Provins has condemned a somnambulist for having illegally practised medicine, to a fine of fourteen times ten francs, for having fourteen times infringed upon the rights of medicine; to pay the expenses of the process; and to pay two hundred francs damages to the local Society of the doctors of the *arrondissement* of Provins, which had acted as prosecutor on the occasion. There are some things, at all events, which we may safely say, with the sentimental traveller, that "they manage better in France."—*London Med. Times and Gaz.*

THE PHARMACOPOEIA OF 1860.—It is stated, in the American Journal of Pharmacy, that the Committee appointed to revise the National Pharmacopœia are busily engaged upon the work, but that it will not probably be ready for publication till some time in 1862.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, July 27th, 1861.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	57	46	103.
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	44.2	41.0	85.2
Average corrected to increased population,	95.09
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
14	40	0	5	2	0	4	2	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer,	30.011	Highest point of Thermometer,	78.0
Highest point of Barometer,	30.200	Lowest point of Thermometer,	50.0
Lowest point of Barometer,	29.596	General direction of Wind,	E. N. E.
Mean Temperature,	67.0	Am't of Rain (in inches)

☞ In order to avoid the inconvenience of having twenty-five numbers in the 64th volume of the Journal, and twenty-seven in the 65th which would be unavoidable in following out our usual plan of commencing a new volume on the first Thursday in August, the present number (for Aug. 1) is included in Vol. 64, and its date changed to July 31st.

PAMPHLETS RECEIVED.—Compound, Comminuted and Complicated Fracture of the Upper End of the Tibia. By Allen March, M.D., Albany.—Report of a Free City Hospital in Boston.

DEATHS IN BOSTON for the week ending Saturday noon, July 27th, 103. Males, 57—Females, 46.—Abscess, 1—accidents, 3—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—cholera infantum, 40—consumption, 14—convulsions, 1—cyanosis, 1—debility, 1—diarrhœa, 1—dr. psy, 2—dr. psy of the brain, 1—drowned, 2—dysentery, 4—remittent fever, 1—scarlet fever, 5—typhoid fever, 2—gastritis, 2—disease of the heart, 3—homicide, 1—infantile disease, 2—inflammation of the lungs, 2—marasmus, 2—spina bifida, 1—teething, 2—unknown, 4.

Under 5 years of age, 65—between 5 and 20 years, 10—between 20 and 40 years, 15—between 40 and 60 years, 10—above 60 years, 3. Born in the United States, 85—Ireland, 14—other places, 4.

